



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2019:10**

Reporting for the week ending 03/09/19 (MMWR Week #10)

**March 15, 2019**

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

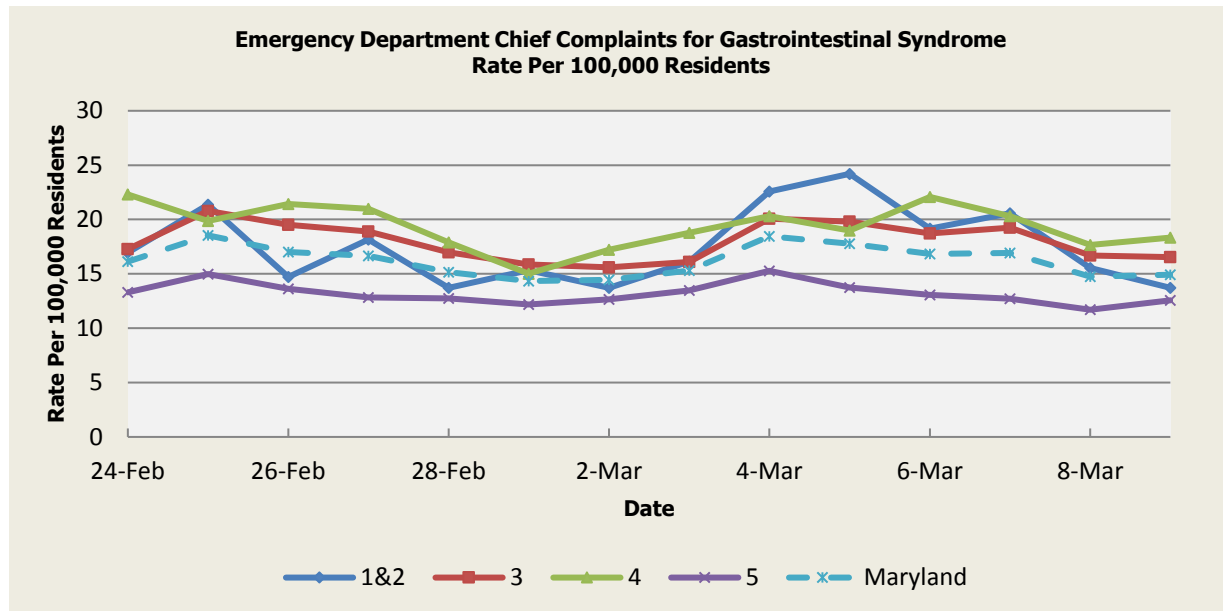
|                  |                             |
|------------------|-----------------------------|
| <b>National:</b> | <b>No Active Alerts</b>     |
| <b>Maryland:</b> | <b>Normal (MEMA status)</b> |

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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## Gastrointestinal Syndrome



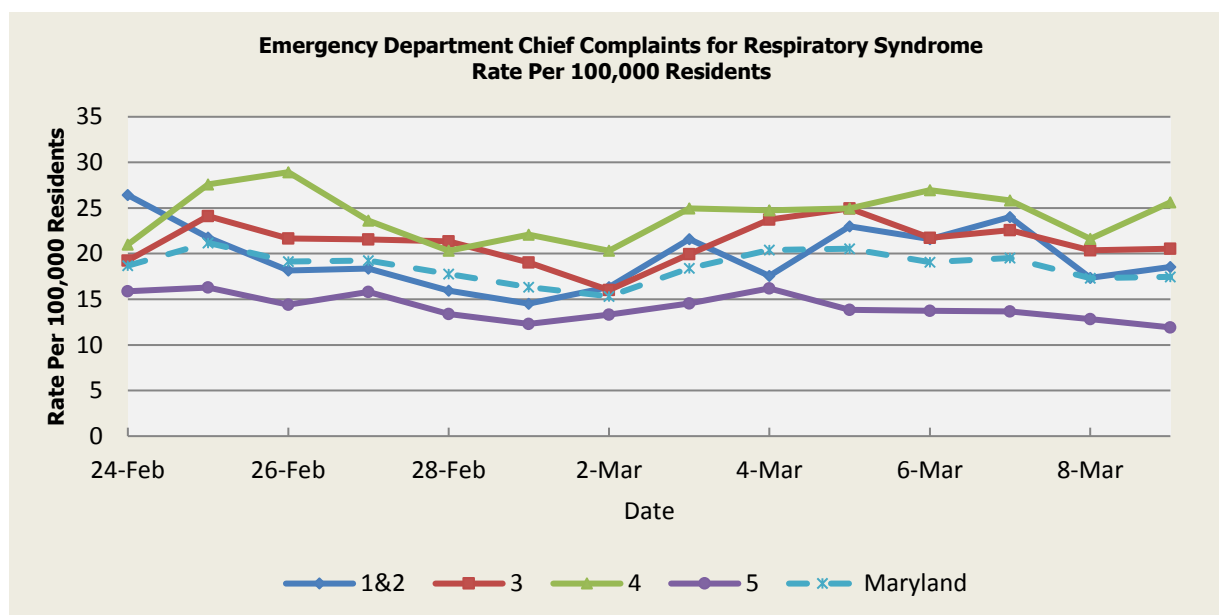
There were two (2) Gastrointestinal Syndrome outbreaks reported this week: two (2) outbreaks of Gastroenteritis in Assisted Living Facilities (Region 3).

| Gastrointestinal Syndrome Baseline Data<br>January 1, 2010 - Present |       |       |       |       |          |
|--|-------|-------|-------|-------|----------|
| Health Region  | 1&2   | 3     | 4     | 5     | Maryland |
| Mean Rate*   | 13.15 | 15.07 | 15.82 | 10.19 | 13.09    |
| Median Rate*   | 13.11 | 14.83 | 15.24 | 10.08 | 12.97    |

\* Per 100,000 Residents

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## Respiratory Syndrome



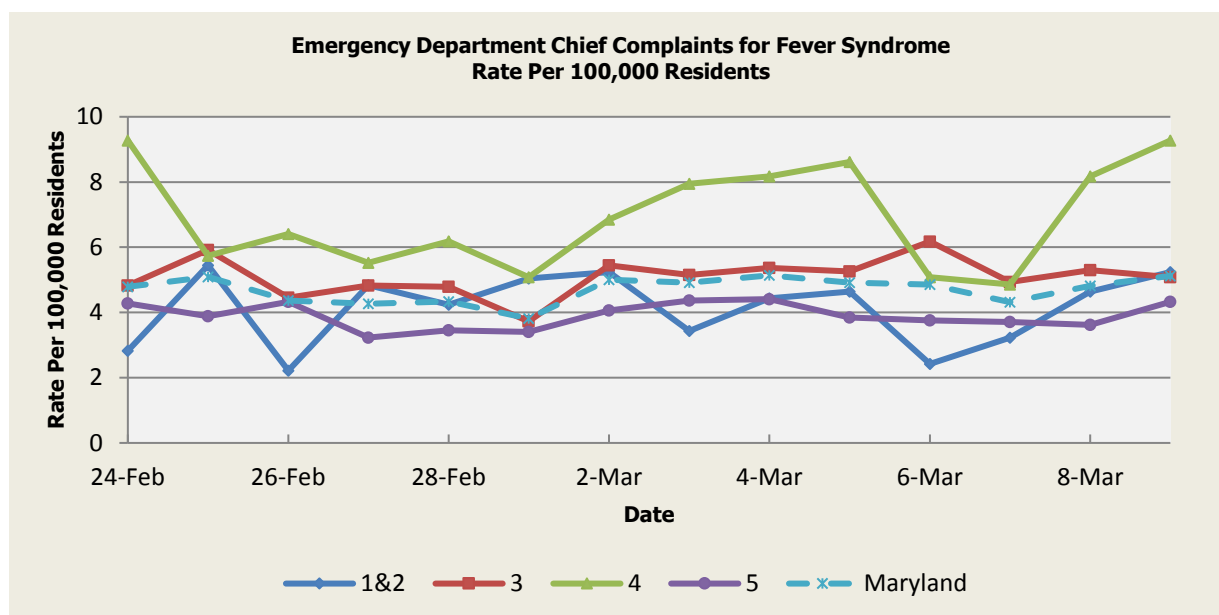
There were ten (10) Respiratory Syndrome outbreaks reported this week: four (4) outbreaks of Influenza in Nursing Homes (Regions 3,5); two (2) outbreaks of Influenza in Assisted Living Facilities (Region 3); three (3) outbreaks of Influenza associated with Schools (Region 3); one (1) outbreak of Influenza in an Institution (Regions 1&2).

| Respiratory Syndrome Baseline Data<br>January 1, 2010 - Present |       |       |       |      |          |
|---|-------|-------|-------|------|----------|
| Health Region   | 1&2   | 3     | 4     | 5    | Maryland |
| Mean Rate*  | 12.59 | 14.68 | 15.00 | 9.96 | 12.72    |
| Median Rate*  | 12.10 | 14.14 | 14.35 | 9.60 | 12.23    |

\* Per 100,000 Residents

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## Fever Syndrome



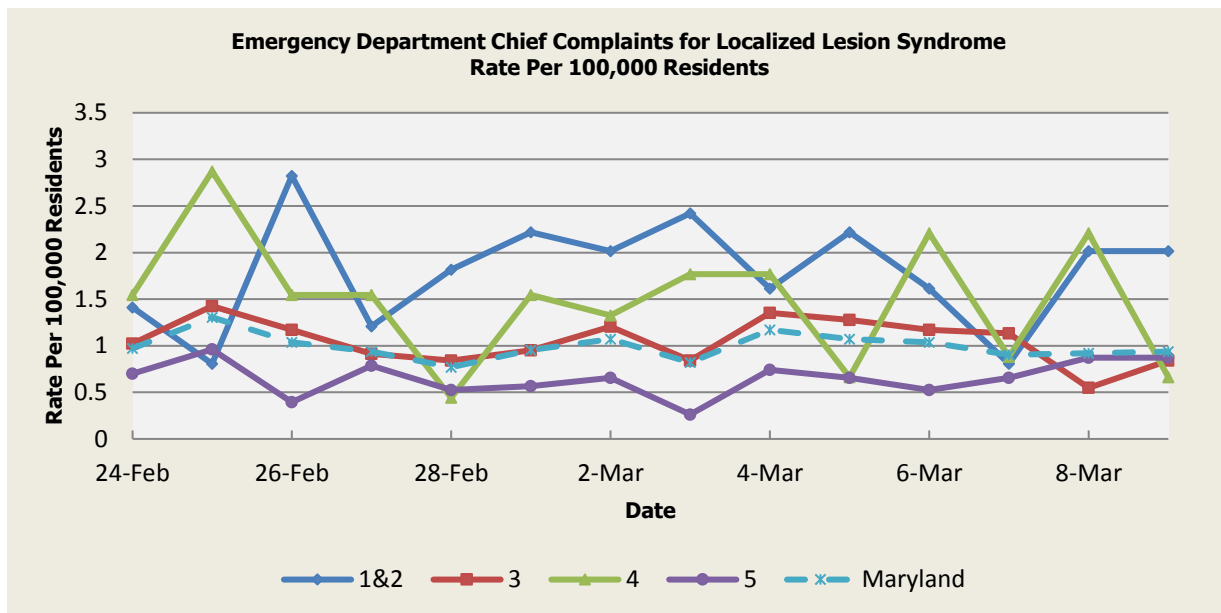
There were no Fever Syndrome outbreaks reported this week.

| Fever Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|---|------|------|------|------|----------|
| Health Region   | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*  | 3.05 | 3.88 | 4.07 | 3.03 | 3.50     |
| Median Rate*  | 3.02 | 3.76 | 3.97 | 2.92 | 3.38     |

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



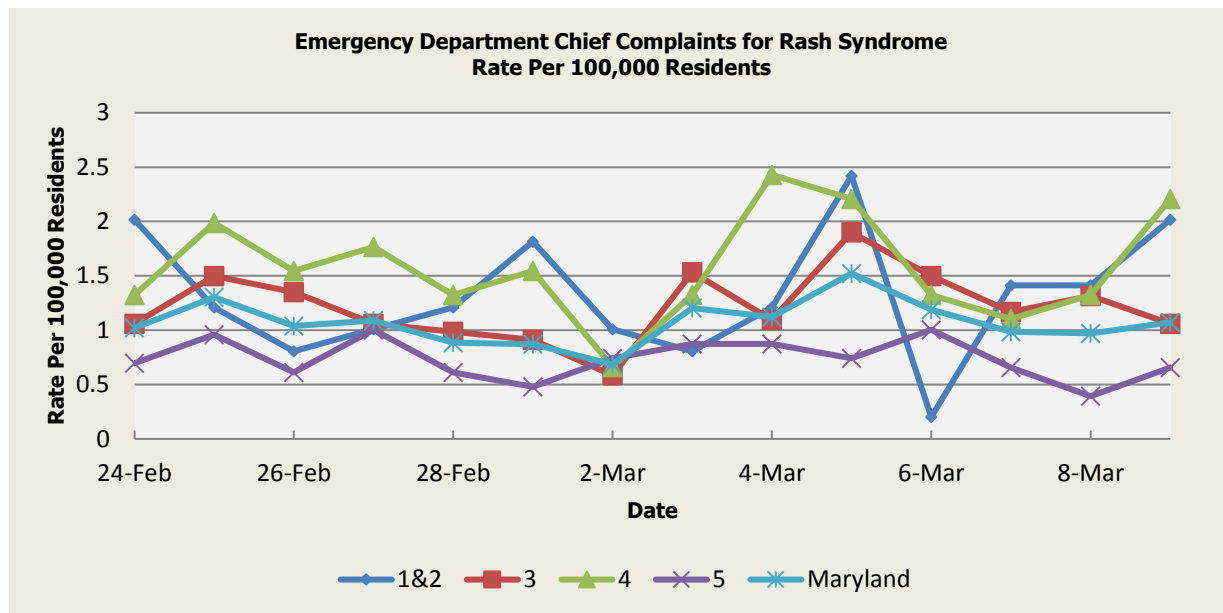
There were no Localized Lesion Syndrome outbreaks reported this week.

| Localized Lesion Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|--|------|------|------|------|----------|
| Health Region  | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*   | 1.10 | 1.81 | 2.04 | 0.92 | 1.42     |
| Median Rate*   | 1.01 | 1.75 | 1.99 | 0.87 | 1.37     |

\* Per 100,000 Residents

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## Rash Syndrome



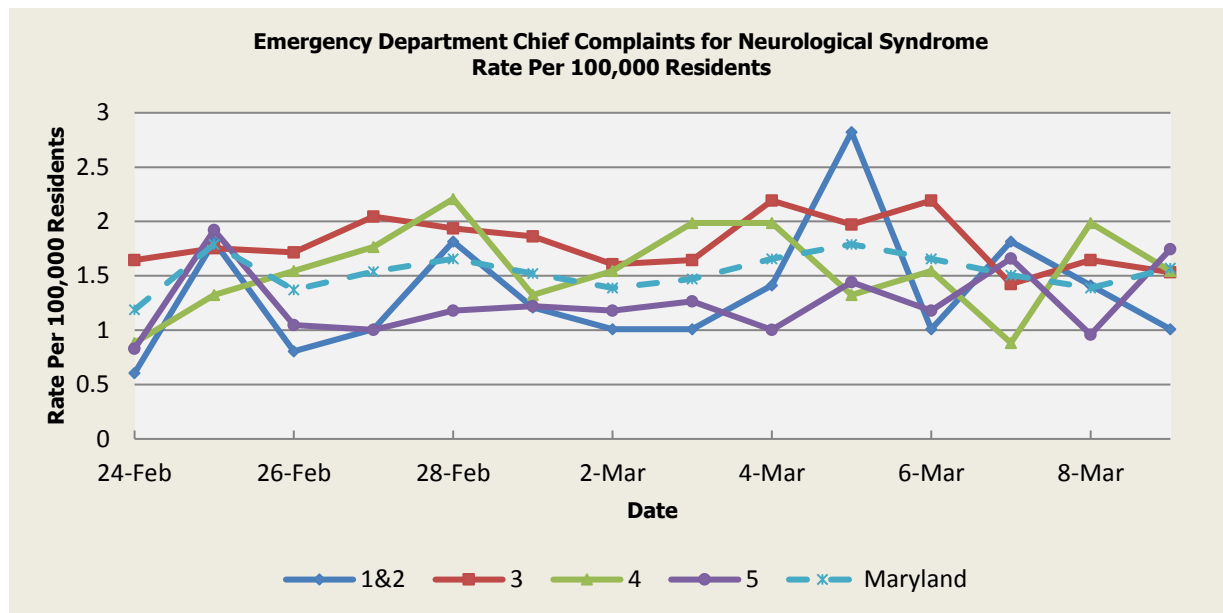
There one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of Scabies in an Assisted Living Facility (Regions 1&2).

| Rash Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|--|------|------|------|------|----------|
| Health Region  | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*   | 1.22 | 1.68 | 1.77 | 0.99 | 1.38     |
| Median Rate*   | 1.21 | 1.61 | 1.77 | 0.96 | 1.32     |

\* Per 100,000 Residents

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## Neurological Syndrome



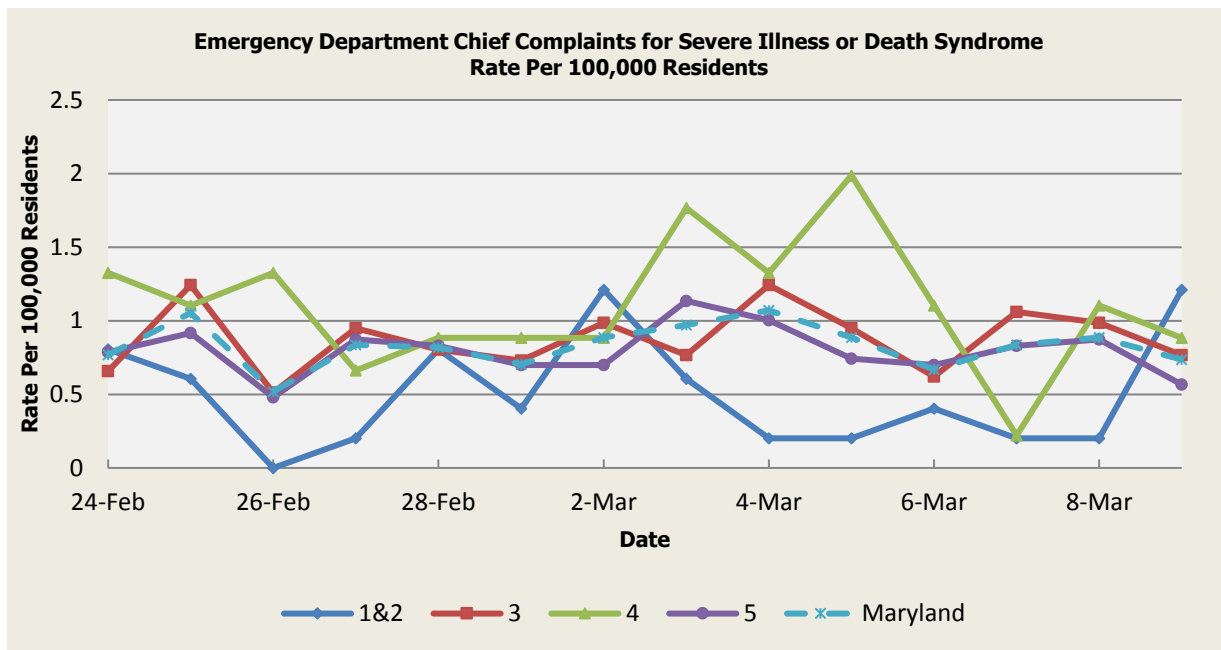
There were no Neurological Syndrome outbreaks reported this week.

| Neurological Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|--|------|------|------|------|----------|
| Health Region  | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*   | 0.35 | 0.57 | 0.39 | 0.37 | 0.46     |
| Median Rate*   | 0.20 | 0.47 | 0.44 | 0.31 | 0.40     |

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

| Severe Illness or Death Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|---|------|------|------|------|----------|
| Health Region   | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*  | 0.66 | 0.90 | 0.83 | 0.50 | 0.72     |
| Median Rate*  | 0.60 | 0.88 | 0.66 | 0.48 | 0.69     |

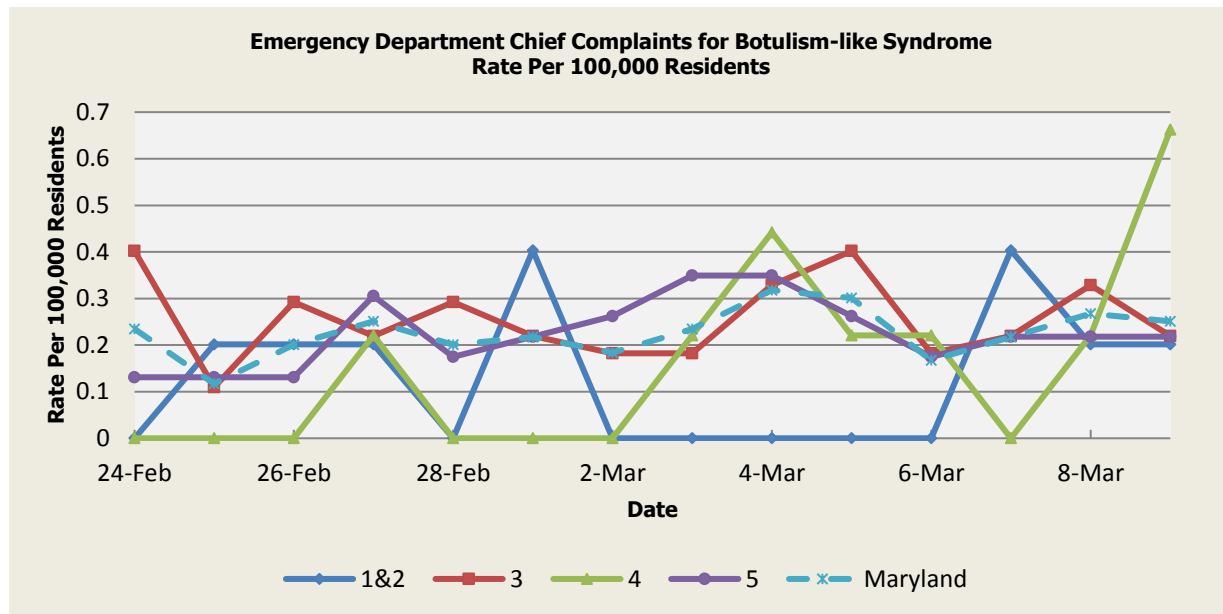
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



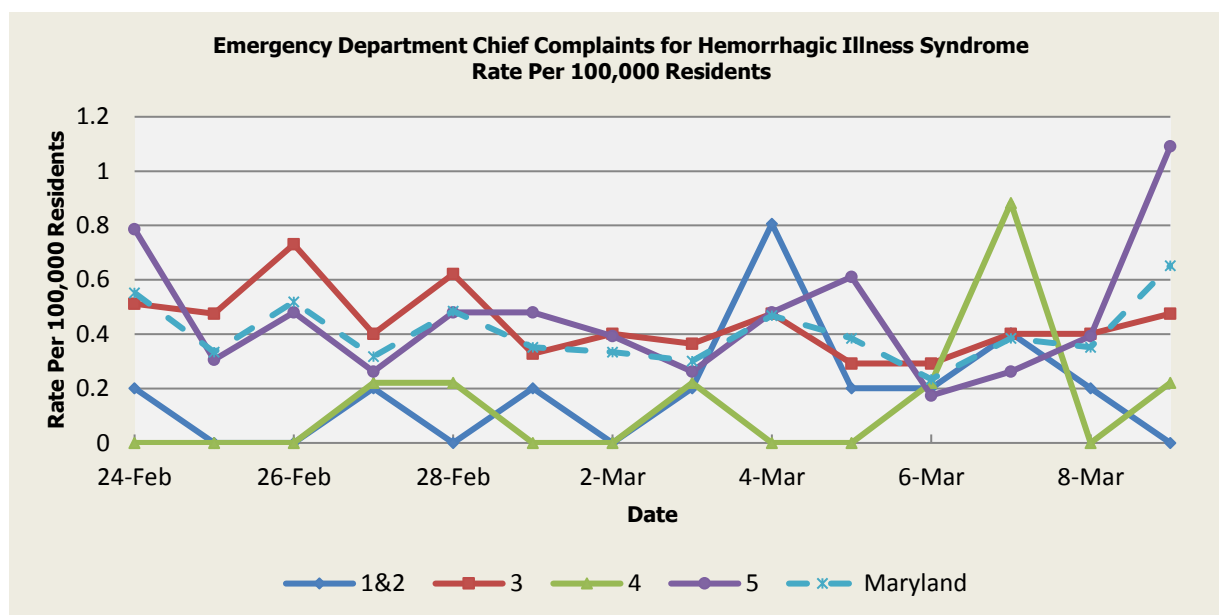
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 2/24 (Region 3), 2/25 (Regions 1&2), 2/26 (Regions 1&2,3), 2/27 (Regions 1&2,4,5), 2/28 (Regions 3,5), 3/1 (Regions 1&2,5), 3/2 (Region 5), 3/3 (Regions 4,5), 3 / 4 (Regions 3,4,5), 3/5 (Regions 3,4,5), 3/6 (Regions 4,5), 3/7 (Regions 1&2,5), 3/8 (Regions 1&2,3,4,5), 3/9 (Regions 1&2,4,5). These increases are not known to be associated with any outbreaks.

| Botulism-like Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|---|------|------|------|------|----------|
| Health Region   | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*  | 0.07 | 0.12 | 0.05 | 0.07 | 0.09     |
| Median Rate*  | 0.00 | 0.07 | 0.00 | 0.04 | 0.07     |

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



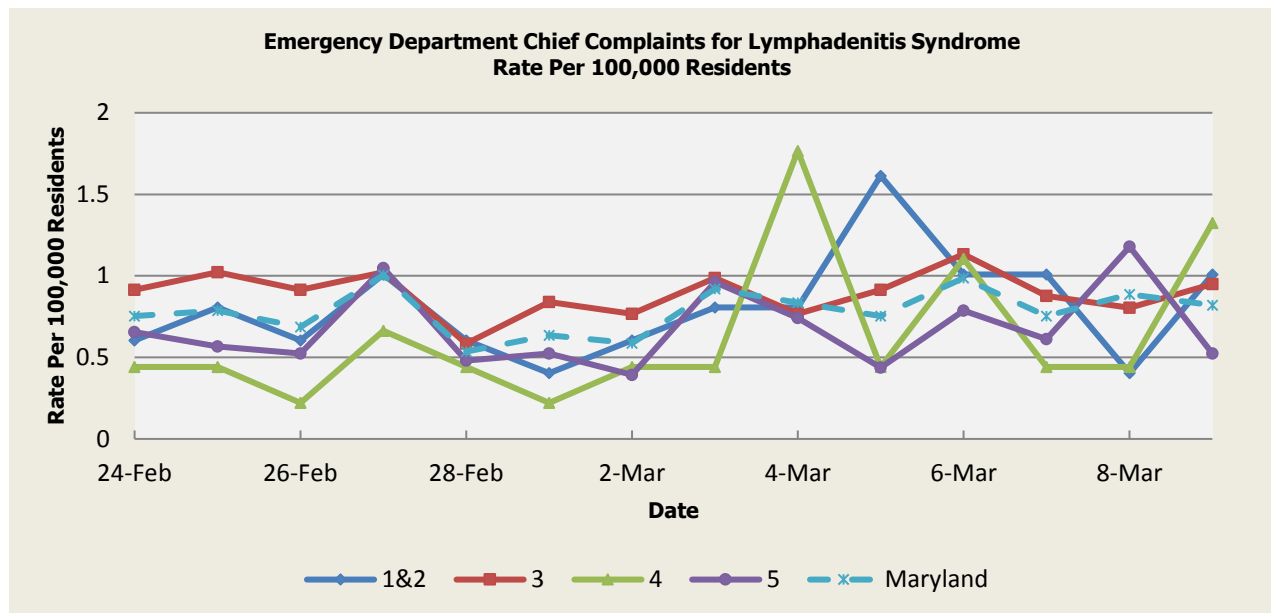
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 2/24 (Regions 1&2,3,5), 2/25 (Regions 3,5), 2/26 (Regions 3,5), 2/27 (Regions 1&2,3,4,5), 2/28 (Regions 3,4,5), 3/1 (Regions 1&2,3,5), 3/2 (Regions 3,5), 3/3 (Regions 1&2,3,4,5), 3 / 4 (Regions 1&2,3,5), 3/5 (Regions 1&2,5), 3/6 (Regions 1&2,4), 3/7 (Regions 1&2,3,4,5), 3/8 (Regions 1&2,3,5), 3/9 (Regions 3,4,5). These increases are not known to be associated with any outbreaks.

| Hemorrhagic Illness Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|---|------|------|------|------|----------|
| Health Region   | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*  | 0.04 | 0.15 | 0.04 | 0.12 | 0.12     |
| Median Rate*  | 0.00 | 0.07 | 0.00 | 0.04 | 0.07     |

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 2/25 (Regions 1&2), 2/27 (Regions 1&2,5), 3/3 (Regions 1&2,5), 3/4 (Regions 1&2,4,5), 3/5 (Regions 1&2), 3/6 (Regions 1&2,4,5), 3/7 (Regions 1&2), 3/8 (Region 5), 3/9 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

| Lymphadenitis Syndrome Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|---|------|------|------|------|----------|
| Health Region   | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*  | 0.35 | 0.57 | 0.39 | 0.37 | 0.46     |
| Median Rate*  | 0.20 | 0.47 | 0.44 | 0.31 | 0.40     |

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

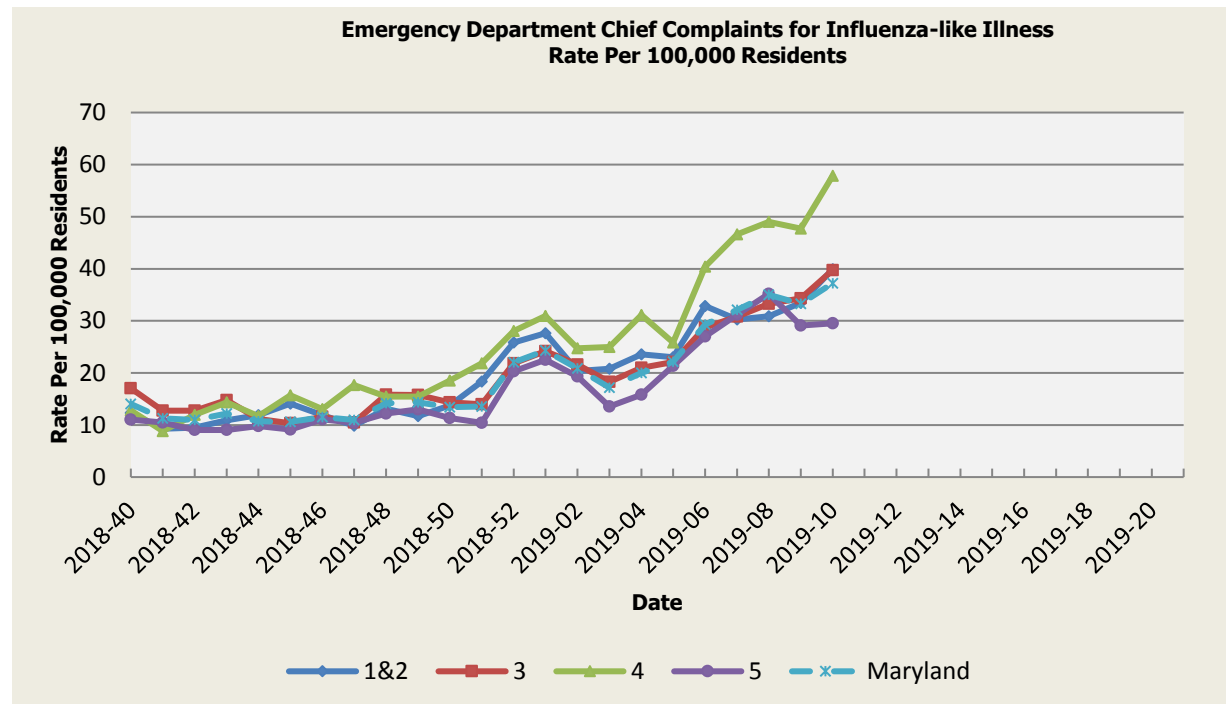
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019). Seasonal Influenza activity for Week 10 was: Moderate Intensity.

### **Influenza-like Illness**

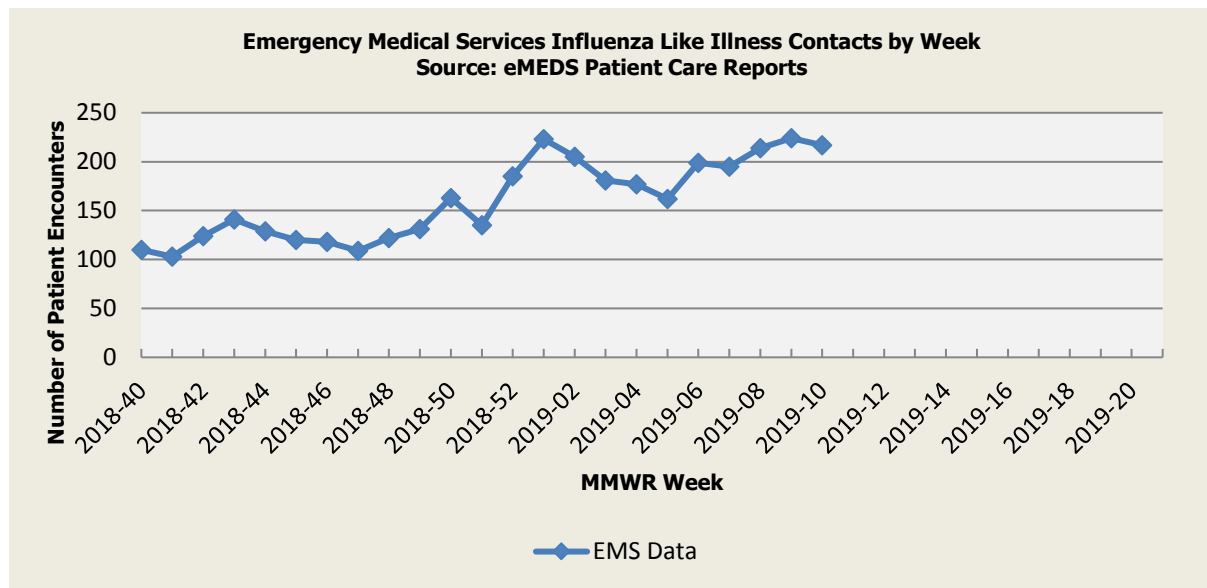


| Influenza-like Illness Baseline Data<br>Week 1 2010 - Present |       |       |       |       |          |
|---|-------|-------|-------|-------|----------|
| Health Region   | 1&2   | 3     | 4     | 5     | Maryland |
| Mean Rate*  | 10.03 | 13.19 | 12.69 | 11.19 | 12.13    |
| Median Rate*  | 7.66  | 10.19 | 9.27  | 8.64  | 9.20     |

\* Per 100,000 Residents

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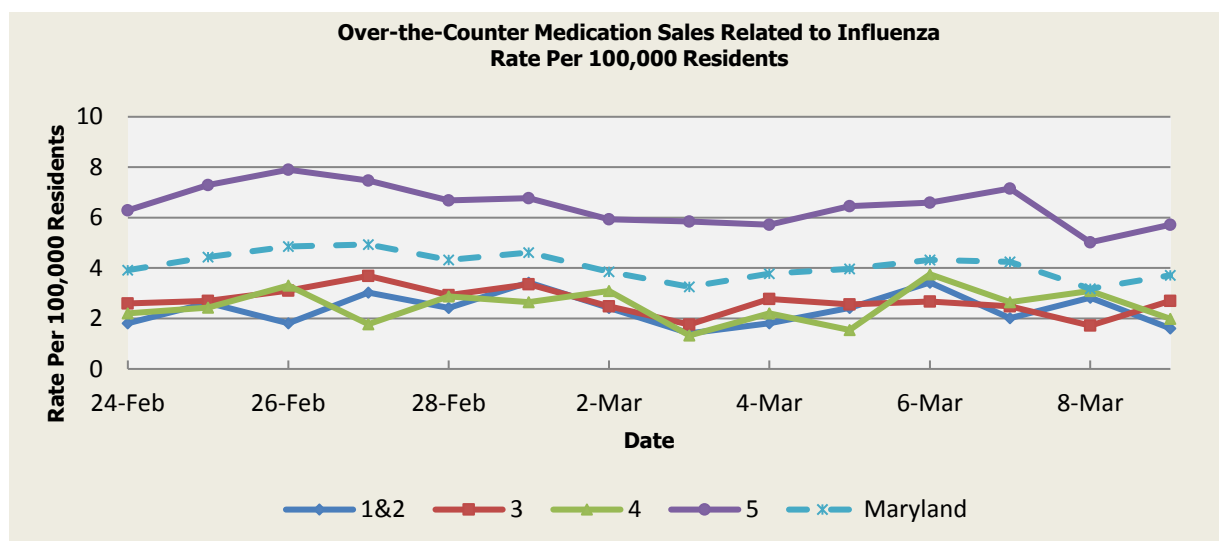
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



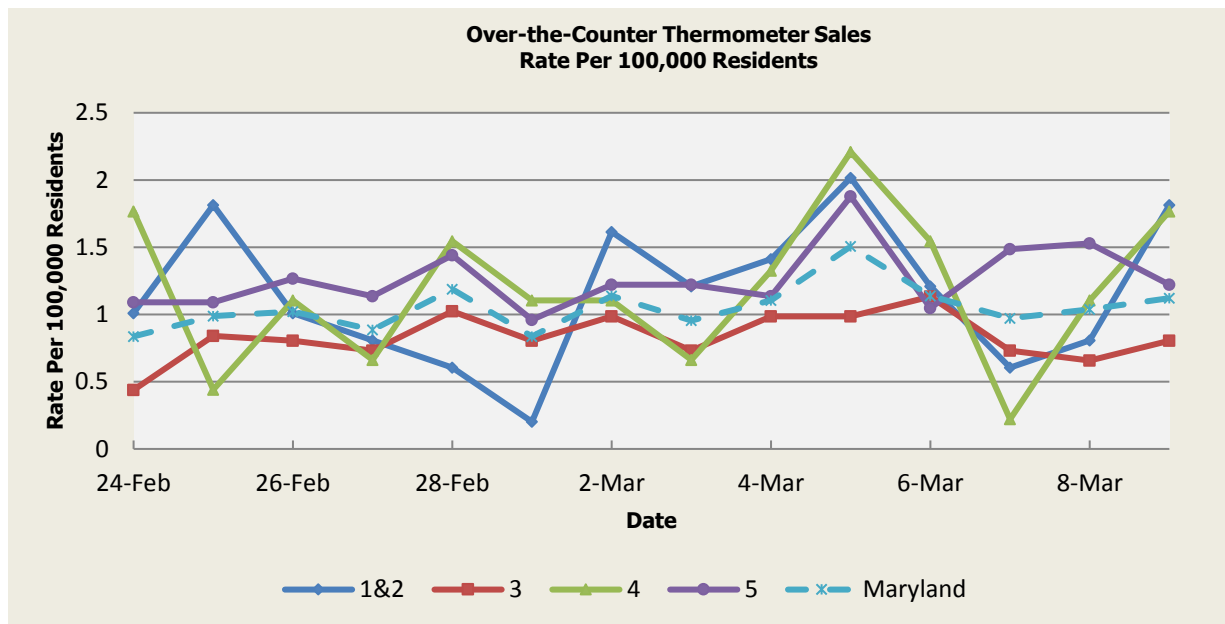
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

| OTC Medication Sales Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|---|------|------|------|------|----------|
| Health Region   | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*  | 3.61 | 4.65 | 2.74 | 8.08 | 5.74     |
| Median Rate*  | 2.82 | 3.87 | 2.43 | 7.47 | 5.04     |

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

| Thermometer Sales Baseline Data<br>January 1, 2010 - Present |      |      |      |      |          |
|--|------|------|------|------|----------|
| Health Region  | 1&2  | 3    | 4    | 5    | Maryland |
| Mean Rate*   | 3.09 | 2.95 | 2.33 | 3.92 | 3.28     |
| Median Rate*   | 2.82 | 2.78 | 2.21 | 3.75 | 3.15     |

\* Per 100,000 Residents

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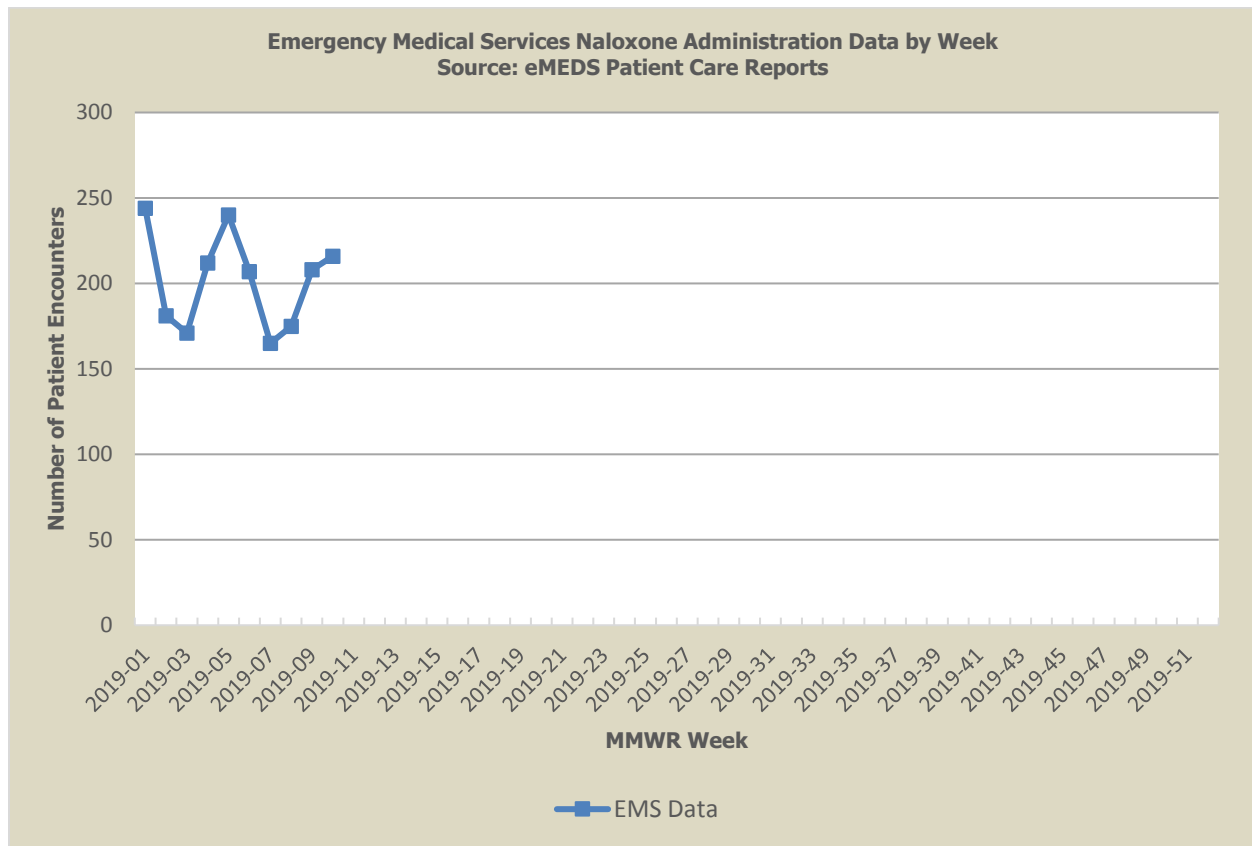
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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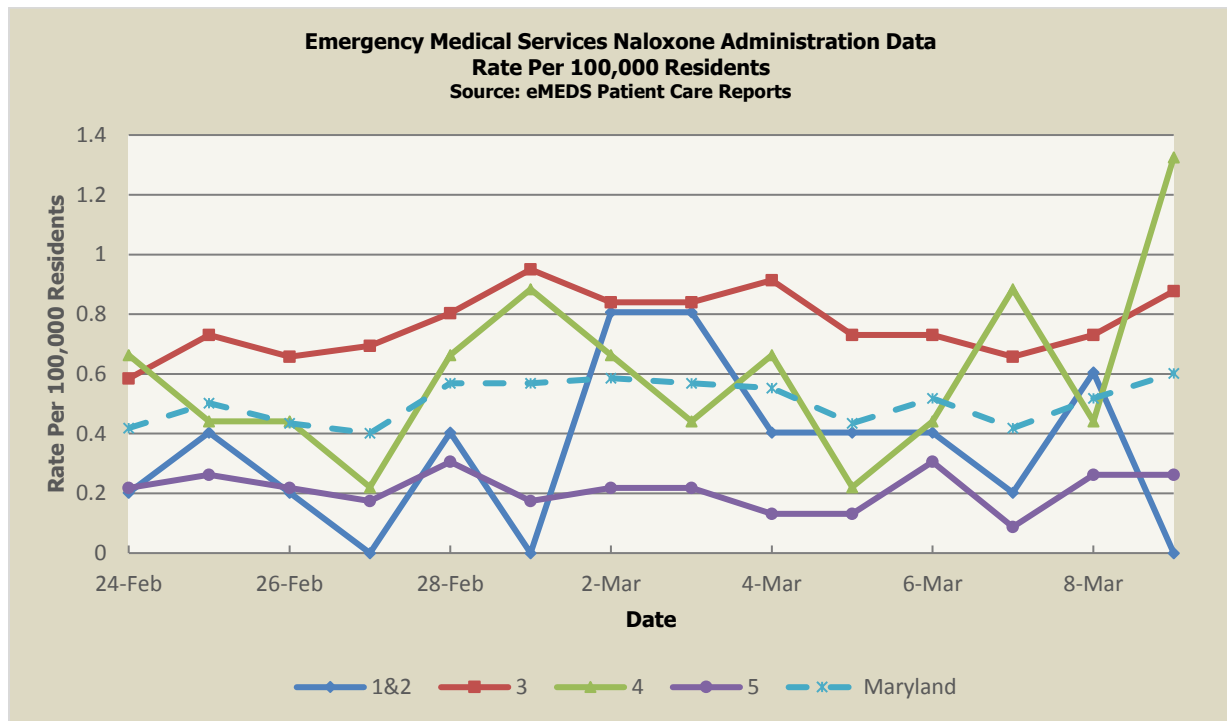
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of March 14, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

## **AVIAN INFLUENZA**

*There were no relevant avian influenza reports this week.*

## **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week.*

## **NATIONAL DISEASE REPORTS**

**RABIES (SOUTH CAROLINA),** 13 Mar 2019, Nine people were referred to doctors after possibly being exposed to rabies by a goat, according to the South Carolina Department of Health and Environmental Control (DHEC). Officials said the potential exposures happened when the victims were handling the goat on property in Anderson County. The goat was submitted to DHEC for lab testing on 8 Mar 2019. Results from the testing confirmed that the goat had rabies. Read More: <http://www.promedmail.org/post/6365399>

**ACUTE FLACCID MYELITIS (MULTISTATE),** 11 Mar 2019, The Centers for Disease Control and Prevention [CDC] has posted a map showing as of 1 Mar [2019] which states have confirmed cases to date for 2018 of the polio-like disease acute flaccid myelitis [AFM]. The latest CDC update on AFM shows 2 confirmed cases -- one in North Carolina and one in Utah --

out of 15 reports of patients under investigation so far in 2019. The Utah case is new since CDC's previous update on 15 Feb [2019]. Read More: <http://www.promedmail.org/post/6358051>

**HEPATITIS A (NEW JERSEY)**, 09 Mar 2019, New Jersey health officials are warning about an outbreak of hepatitis A that's hit 3 counties hard, but it has also popped up in some unexpected places elsewhere, including a Dunkin' Donuts. The state Department of Health has supplied hundreds of vaccines to several health departments to immunize uninsured or underinsured individuals at risk of the liver disease, according to a department release. Read More: <http://www.promedmail.org/post/6357839>

## **INTERNATIONAL DISEASE REPORTS**

**WEST NILE VIRUS (INDIA)**, 14 Mar 2019, A confirmed case of West Nile fever, a relatively unknown viral infection in the region, [has been] reported in the district. A 7 year old boy from AR [Abdu Rahiman] Nagar was admitted to the Kozhikode Medical College hospital on 11 Mar 2019. The health authorities in Malappuram have informed that the infection was confirmed. The patient had been under treatment for a fever, and he was shifted to the medical college after showing symptoms of the West Nile viral infection. Following the report of the disease, the district health administration has issued a special alert across the district against the disease, which is typically spread by culex mosquitoes. Read More: <http://www.promedmail.org/post/6365034>

**ANTHRAX (TANZANIA)**, 13 Mar 2019, The government has said that anthrax has been contained in Arusha, Kilimanjaro and Manyara regions, where 3 people died. The director of Livestock Services in the Ministry of Livestock & Fisheries, Dr Hezron Nonga, told reporters that meat from Longido and Moshie butcheries was safe. Read More: <http://www.promedmail.org/post/6365231>

**PLAGUE (UGANDA)**, 12 Mar 2019, Uganda's Health Ministry reported 2 probable cases of the illness in Zombo district on 5 Mar 2019 after a 35 year old woman died and her 23 year old cousin reported similar symptoms, WHO said in a report on [Mon 11 Mar 2019]. Further investigation revealed the dead woman had lived in Atungulei village in Congo's Ituri province, and her 4 year old child had died days beforehand. Finding her sick at her child's burial, her relatives took her to Uganda for treatment. Read More: <http://www.promedmail.org/post/6363171>

**YELLOW FEVER (BRAZIL)**, 09 Mar 2019, Brazil is once again reporting a substantial outbreak of yellow fever. On 6 Mar 2019, Brazil confirmed 50 human yellow fever cases, including 12 deaths. Bolivia has recorded one case and Peru has recorded 9 cases. This is important news since more than 2.8 million Americans [USA] visit Brazil each year. Since early 2018, a number of unvaccinated travelers to Brazil contracted yellow fever; many of these travelers were infected on the island of Ilha Grande in the Rio de Janeiro State. Several of these infected travelers died. Read More: <http://www.promedmail.org/post/6358835>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

| Syndrome                | ESSENCE Definition   | Category A Conditions                                     |
|-------------------------|--|---|
| Botulism-like           | (Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions  | Botulism  |
| Fever                   | (Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions   | N/A   |
| Gastrointestinal        | (AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)   | Anthrax (gastrointestinal)                                |
| Hemorrhagic Illness     | (FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions  | Viral Hemorrhagic Fever                                   |
| Localized Lesion        | (Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)  | Anthrax (cutaneous)<br>Tularemia                          |
| Lymphadenitis           | (BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions   | Plague (bubonic)  |
| Neurological            | (([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions  | N/A   |
| Rash                    | (ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions  | Smallpox  |
| Respiratory             | (Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax) | Anthrax (inhalational)<br>Tularemia<br>Plague (pneumonic) |
| Severe Illness or Death | CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock   | N/A   |

## Appendix 2: Maryland Health and Medical Region Definitions

| Health and Medical Region | Counties Reporting to ESSENCE   |
|---------------------------|---|
| Regions 1 & 2             | Allegany County<br>Frederick County<br>Garrett County<br>Washington County  |
| Region 3                  | Anne Arundel County<br>Baltimore City<br>Baltimore County<br>Carroll County<br>Harford County<br>Howard County  |
| Region 4                  | Caroline County<br>Cecil County<br>Dorchester County<br>Kent County<br>Queen Anne's County<br>Somerset County<br>Talbot County<br>Wicomico County<br>Worcester County |
| Region 5                  | Calvert County<br>Charles County<br>Montgomery County<br>Prince George's County<br>St. Mary's County  |

